



Application No. (if known): 09/927,053

Attorney Docket No.: M1071.1453/P1453

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Amendment After Final (37 C.F.R. Section 1.116) (8 pages);
Fee Transmittal (1 page);
Payment by credit card. Form PTO-2038 is attached (1 page);
Charge 266.00 to credit card;
Information Disclosure Statement (5 pages);
SB 0/8 (Form PTO-1449);
Copy of References; and
Copy of German Examination Report dated November 19, 2003 (and English translation of same)..



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PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																															
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/927,053																																																																																																																																																																																																																																															
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METHOD OF PAYMENT (check all that apply) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number 50-2215 Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP</div><div style="width: 50%; border-top: 1px solid black; padding-top: 5px;">The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div>																																																																																																																																																																																																																																																	
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SUBMITTED BY Name (Print/Type) Richard LaCava Signature <i>Richard LaCava</i>		(Complete (if applicable)) Registration No. (Attorney/Agent) 41,135 Telephone (212) 896-5484 Date February 19, 2004																																																																																																																																																																																																																																															